

Town of Amenia Planning Board

Town of Amenia

P.O. Box 126

Amenia, NY 12501

(845) 373-8860 / (845) 373-9147 fax

SUBDIVISION / LOT LINE PRELIMINARY PLAT PLAN APPLICATION

Type of Application:

O Conventional Subdivision

O Conservation Subdivision

O Transfer of Development Rights

O Lot Line Change

O Limited Development Subdivision

O Small Scale Development

O Resort Development

O Mixed Use Institutional Conversion

Grid Number: _____

Name of Subdivision: _____

Property Address: _____

Primary Contact Person: _____

Address: _____

Telephone Number: _____

Email: _____

Current Use(s): _____

Proposed Use(s): _____

Parcel Size: _____

Filed Map No. _____

Number of Lots Proposed: _____

Date of Discussion/Sketch Plan Review: _____

Additional approvals or permits required for project: _____

*The undersigned hereby makes application in
accordance with all applicable laws and other
requirements of the Town of Amenia, Dutchess
County, New York.*

Date: _____

Signature of Applicant

TOWN OF AMENIA
ESCROW FOR PROFESSIONAL SERVICES

Date: _____

Applicant: _____

Project Name: _____

Location: _____

Description of Project: _____

Amount Requested: \$ _____ Minimum Balance: \$ _____

The Town of Amenia _____ Board is currently reviewing your application for _____. This Board is requesting that you place in escrow sufficient funds to be used to defray reasonable costs incurred by the Town for professional services and inspections required throughout the entire review process, as authorized by the Town Code of the Town of Amenia.

You will also be charged a monthly \$ _____ administrative fee to cover the fair and reasonable costs of maintaining that account, processing invoices requesting payments from that account, sending you copies of those invoices, reconciling that account, and responding to any inquiries that you may have regarding that account. If you have any questions regarding this escrow account, please contact _____.

Based on estimated review costs, you are requested to deposit \$ _____ in the escrow account. Should the balance of this account fall below \$ _____, you will be notified and requested to replenish the account to the requested amount.

This escrow account does not provide for the other development, application and filing fees set forth in the Town of Amenia Town Code and Schedule of Fees. The applicant must make timely, direct payment of those other fees as a prerequisite to continued review of the application.

All parties agree to the terms and conditions stated herein.

Town of Amenia _____ Board
By:

Applicant: _____
By:

Town of Amenia Planning Board

Town of Amenia

P.O. Box 126

Amenia, NY 12501

(845) 373-8880 / (845) 373-9117 fax

AUTHORIZATION OF AGENT

I, _____, am the owner of the property
located at _____, Amenia, New York, identified as Grid
Number _____.

I hereby authorize _____ to act as my agent in an
application to the Town of Amenia Planning Board for _____
(Name of Project)

Print name _____

Signature _____

Date _____

Town of Amenia Planning Board

Town of Amenia

Amenia NY 12501

(845) 373-8860

(845) 373-3147 fax

The undersigned hereby makes application in accordance with all applicable laws and other requirements of the Town of Amenia, Dutchess County, New York. All owners of record must sign.

Signature of Record Owner

Date: _____

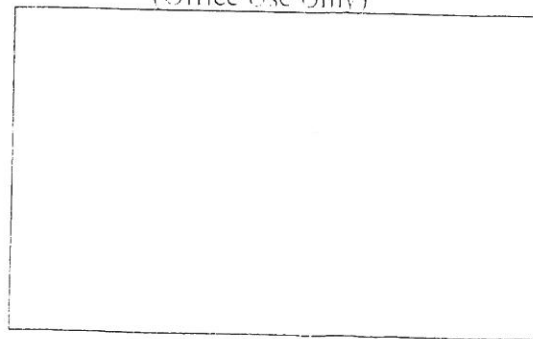
Signature of Record Owner

Date: _____

Signature of Applicant (if different)

Date: _____

Date stamp of submission
(Office Use Only)



Town of Amenia Planning Board

Town of Amenia

P.O. Box 126

Amenia, NY 12501

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LAND USE APPLICATION

Type of Application: Check all that apply

☐ Site Plan

☐ Special Permit

☐ Zoning Permit

☐ Subdivision

Grid Number(s): _____

Name of Project: _____

Property Address: _____

Primary Contact Person: _____

Address: _____

Telephone Number: _____

Email: _____

Name of Property Owner: _____

Address: _____

Telephone Number: _____

Name of Applicant (if different): _____

Address: _____

Telephone Number: _____

Email: _____

Relationship of Applicant to Owner (e.g. *contract vendee, option holder, lessee*): _____

Plans Prepared By:

Name: _____

Address: _____

Telephone Number: _____

E-mail: _____

Zoning District(s): RA __, RR __, HM __, HR __, SR __, HC __,
OC __, M __

Overlay District(s) (if *any*): Floodplain __, Stream Corridor __,
Scenic Protection __, Aquifer __, Mixed-Use Institutional __,
Soil Mining __, Historic Preservation __, Mobile Home Park __,
Resort Development __

Current Use(s): _____

Proposed Use(s): _____

Parcel Size: _____ Acres

Type of Activity: New structure __, Alteration of existing
structure __, Expansion of use or structure __,

Change of use in existing structure __, Subdivision __.

Total Square Footage of Structures:

Current _____

Proposed _____

Footprint of Structures: _____

Deed Reference: Liber _____

Page _____

Date _____

Filed Map Reference: Lot # _____ Map # _____

Does the property contain a farm operation located within an
agricultural district or is the property boundary within 500
feet of a farm operation located in an agricultural district:

☐ yes ☐ no

If yes, submit an Agricultural Use Statement.

Will the development be phased? Yes __ No __

If yes, how many phases? _____

Is there an existing Special Permit, Site Plan and/or
Subdivision approval for the property? Yes __ No __

If yes, provide certified copies of those existing approvals
with this application.



TOWN OF AMENIA

PO BOX 126, AMENIA, NY 12501
FAX: 914-373-9147

Agricultural Data Statement

1. Applicant Name _____

Address _____

2. Application Type (check all that apply)

☐ Subdivision

☐ Site Plan

☐ Special Use Permit

3. Does the application include land that contains a farm operation* within an Agricultural District?

☐ Yes

☐ No

4. Does the application include lands within 500 feet of a farm operation* within an Agricultural District?

☐ Yes

☐ No

5. If you answered yes to questions 3 or 4, provide the name and address of the owners of land containing the farm operation below and attach a tax or other map to this sheet with the farm operation indicated, along with the Section, Block, and Lot number for the farm operation parcel:

_____	_____
_____	_____
_____	_____
_____	_____

6. Provide a description of your project and attach a separate map showing the entire property that is included in your application.

* Farm operation means the land used in agricultural production, farm buildings, equipment and farm residential buildings.

Town of Amenia Planning Board

Town of Amenia

Attn: P.O. Box 126
Amenia, NY 12501

(845) 373-8860 / (845) 373-9147 fax

SUBDIVISION FINAL PLAT PLAN APPLICATION

Type of Application:

O Conventional Subdivision
O Conservation Subdivision
O Transfer of Development Rights
O Lot Line Change

O Limited Development Subdivision
O Small Scale Development
O Resort Development
O Mixed Use Institutional Conversion

Grid Number: _____

Name of Subdivision: _____

Property Address: _____

Primary Contact Person: _____

Address: _____

Telephone Number: _____

Email: _____

Current Use(s): _____

Proposed Use(s): _____

Parcel Size: _____

Filed Map No. _____

Number of Lots Proposed: _____

Date of Preliminary Plat Approval: _____

Additional approvals or permits required for project: _____

*The undersigned hereby makes application in
accordance with all applicable laws and other
requirements of the Town of Amenia, Dutchess
County, New York.*

Date: _____

Signature of Applicant

Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR

2. PROJECT NAME

3. PROJECT LOCATION:

Municipality

County

4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)

5. PROPOSED ACTION IS:

☐

New

☐

Expansion

☐

Modification/alteration

6. DESCRIBE PROJECT BRIEFLY:

7. AMOUNT OF LAND AFFECTED:

Initially _____ acres

Ultimately _____ acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?

☐

Yes

☐

No

If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?

☐

Residential

☐

Industrial

☐

Commercial

☐

Agriculture

☐

Park/Forest/Open Space

☐

Other

Describe:

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?

☐

Yes

☐

No

If Yes, list agency(s) name and permit/approvals:

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?

☐

Yes

☐

No

If Yes, list agency(s) name and permit/approvals:

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?

☐

Yes

☐

No

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: _____

Date: _____

Signature: _____

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? ☐ Yes ☐ No If yes, coordinate the review process and use the FULL EAF

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. ☐ Yes ☐ No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? ☐ Yes ☐ No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? ☐ Yes ☐ No If Yes, explain briefly:

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

☐ Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from responsible officer)